Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : I20050000052

: (302)531-0855

Phone. Fax Number

: (850)656-7953

**Enter the email address for this business entity to be used for future

Email	Address:			

annual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT RESIGNATION CAPITOL INFRASTRUCTURE, LLC

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 Estimated Charge
 \$25.00

C. LEWIS

JUN 2 1 2013

EXAMINER

IS JUN 20 P Secretary of Allahassee.

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CAPITOL INFRASTRUCTURE, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: M0400002053
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KELLY CASEY
(Name of Person)
INCORPORATING SERVICES, LTD.
(Name of Firm/Company)
3500 S DUPONT HWY
(Address)
DOVER, DELAWARE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
KELLY CASEY at (302) 531-0855 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

INH317(11/02)

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida St	atutes, the undersigned,		
INCORPORATIN	IG SERVICES, LTD.	, hereby resigns as		
	(Name of Registered Agent)			
Registered Agent for	CAPITOL INFRASTRUCTURE, LLC			
	(Name of Limited Liability Company)			
M04000002053		,		
(Document Nu	umber, if known)			
A copy of this resigna	tion was mailed to the above listed limited liabilit	ty company at its last known address.		
The agency is termina	(Signature of Resigning Agent)	ter the date on which this statement is the	flied.	
If signing on behalf of	f an entity:	E E E		
	AMY BALKE	JUN AHAS	調	
	(Typed or Printed Name) ASSISTANT SECRETARY (Capacity)	20 AH RY OF ST SSEE, FLC		
		9: 3 ATE)RIDA		

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314